



Report to the Legislature

**Intensive Parole Model for
High-Risk Juvenile Offenders**

**Chapter 338, Laws of 1997, Section 34
RCW 13.40.212(2)**

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EXECUTIVE SUMMARY

The 1997 Washington State Legislature recognized that traditional parole services for high-risk juvenile offenders were insufficient to provide adequate rehabilitation and public safety. As a result, they mandated (Chapter 338, Laws of 1997, Section 34) the implementation of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Intensive Aftercare Program (IAP) model with the top 25 percent highest risk to re-offend youth in the Juvenile Rehabilitation Administration (JRA). The legislation requires JRA to report annually to the Legislature on process and outcome findings.

The key elements of the JRA intensive parole supervision model are:

- Information management and program evaluation;
- Assessment and selection criteria;
- Individual case planning;
- A mixture of intensive surveillance and services;
- A balance of incentives and graduated consequences;
- Service brokerage with community resources and linkage with social networks; and
- Transition services.

In December 2002 the Washington State Institute for Public Policy (WSIPP) published a report that found the first two intensive parole (IP) cohorts did not have significantly different recidivism from the comparison group. They did find that the JRA juvenile offender Basic Training Camp second and third year cohorts did have significantly lower recidivism. Based on the initial finding of IP in whole, funds for IP were significantly reduced leading to increased caseload size and reduced ability to perform community safety type activities, e.g. field surveillance, high levels of parole counselor contact, community justice work crews, day reporting programs, and electronic home monitoring.

This policy change with resultant resource reduction and program changes was driven by evaluation outcomes for a cohort of intensive parole youth subject to an intervention strategy that was not completely implemented when evaluated. Evaluation outcomes with BTC youth receiving IAP-based services, related particularly to recidivism, have been progressively and uniformly positive as the model became more fully implemented. Clearly, ***evaluation of the later IP cohorts that received more of the model (intensive supervision combined with evidence-based services) needs to occur.***

Besides program cutbacks, the most significant change to the practice of intensive parole was the implementation of Functional Family Parole Services (FFPS). This evidence-based model provides parole counselors with a set of skills and orientations for treating and case managing families of juvenile offenders. This model began January 1, 2003, and has significantly changed how parole counselors work with youth and their families.

INTRODUCTION

Background

During the 1997 legislative session (Chapter 338, Laws of 1997, Section 34), the Legislature directed the Department of Social and Health Services' Juvenile Rehabilitation Administration (JRA) to develop an intensive parole supervision program based upon promising principles for positively impacting recidivism rates for juvenile offenders. The Legislature required this program target the 25 percent highest risk offenders. The relevant RCW citations for the Intensive Parole Program are:

- RCW 13.40.210, Parole Program
- RCW 13.40.212, Intensive Supervision

The JRA intensive parole program is based on the Intensive Aftercare Program (IAP) model of the Office of Juvenile Justice and Delinquency Prevention (OJJDP)¹ with Washington as the first state to implement this model across an entire system of state juvenile corrections. The key program elements of the IAP as specified in the intensive parole legislation are:

- Information management and program evaluation;
- Assessment and selection criteria;
- Individual case planning;
- A mixture of intensive surveillance and services;
- A balance of incentives and graduated consequences;
- Service brokerage with community resources and linkage with social networks; and
- Transition services.

Program Chronology

- **Phase 1 (October 1998 – October 1999): Community Supervision/Traditional Community Linkages**
 - Youth released to intensive community supervision and traditional community program linkages.
 - Residential experience was not significantly different.
 - Day Reporting Programs/Work Crew Programs were available.
 - Primary focus of Phase 1: implementing the intensive community supervision components.
- **Phase 2 (October 1999- October 2000): Residential/Transitional/Community Supervision/Traditional Community Linkages**
 - Intensive Parole Transition Counselors (one per major institution) began liaison work and pre-release training with intensive parole residential youth.
 - Access to transitional/step-down community placements still difficult for high-risk youth.

¹ David Altschuler and Troy Armstrong, *Intensive Aftercare for High-Risk Juveniles: A Community Care Model*, Office of Juvenile Justice and Delinquency Prevention, September 1994.

- Process quality improvements for improved transition communication developed and implemented.
- Continued community emphasis on intensive supervision blended with traditional community programs.
- **Phase 3 (October 2000 – January 2003): Evidence-Based Services**
 - Aggression Replacement Training (ART) implemented in residential programs and regions.
 - Functional Family Therapy (FFT) implemented in regions.
 - Multi-Systemic Therapy/FIT program implemented in regions.
 - Intensive Parole Standards were modified to provide more flexible contact requirements based on individual client needs and to include desired outcomes for each standard.
 - ISCA cut-off eligibility score was raised to manage proportion of JRA youth eligible for intensive parole.
- **Phase 4 (January 2003 – Present): Functional Family Parole Services (FFPS)**
 - Intensive parole standards significantly revised to incorporate the evidence-based FFPS model.
 - All regional parole staff trained on FFPS.

Program Evaluation

The Washington State Institute for Public Policy (WSIPP) published an outcome report on the JRA intensive parole supervision program in December 2002.² They studied recidivism outcomes (18-month follow up) for the first two partial-model cohorts (from Phase 1 of implementation as described above) and found no significant differences for the partial-model cohorts and the comparison group. In effect, WSIPP evaluated cohorts that had not received a completely implemented IP intervention.

On the basis of this study, WSIPP recommended shifting funds from intensive parole, and increasing caseload size from 12:1 to 20:1. The implication was that future unstudied cohorts with full-model implementation would fail to achieve reduced recidivism.

The Legislature reduced funding for intensive parole based on the WSIPP study of the partial-model cohorts. This has impacted JRA's ability to meet the statutory requirements of intensive parole³, particularly with reference to "intensive surveillance" as is discussed in more detail later in this report.

The WSIPP does note that "we discovered that Basic Training Camp graduates had significantly lower recidivism rates than youth who did not participate in Basic Training Camp."⁴ Figure 1,

² Robert Barnoski, *Evaluating How Juvenile Rehabilitation Administration's Intensive Parole Program Affects Recidivism* (Olympia, WA: Washington State Institute for Public Policy, December 2002.)

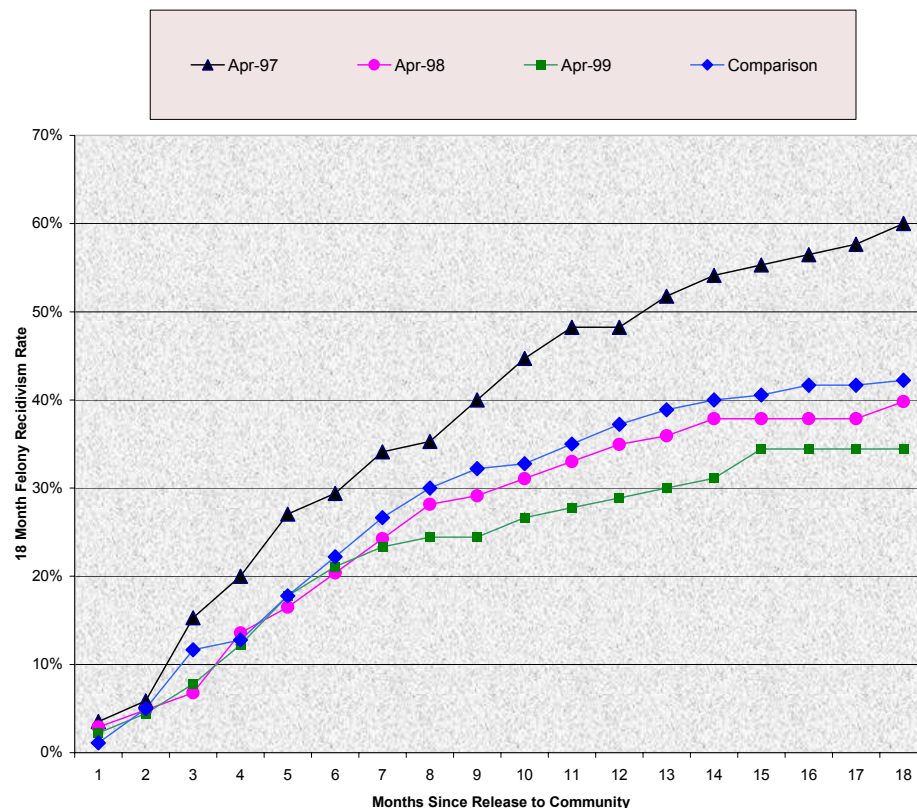
³ RCW 13.40.210, Parole Program; RCW 13.40.212, Intensive Supervision

⁴ Robert Barnoski, *Evaluating How Juvenile Rehabilitation Administration's Intensive Parole Program Affects Recidivism* (Olympia, WA: Washington State Institute for Public Policy, December 2002).

below, demonstrates that each year of IP implementation with BTC cohorts saw greater reductions in recidivism. This critical finding goes to the heart of the issue of full vs. partial implementation of the IAP model. The Basic Training Camp (BTC) has consistently demonstrated the most complete adherence to the IAP model of all JRA programs.

The BTC began a version of IAP (precursor to statewide intensive parole) over a year before JRA implemented its statewide intensive parole supervision program. The first cohort of the BTC youth did not show positive reductions, but by the second and third cohorts significant reductions in recidivism are apparent. The Basic Training Camp is a small program that engaged in the critical needs for reintegrative and transitional programming from the beginning. It was possible to rapidly implement the model in a more circumscribed setting than it was across the larger JRA programs. Additionally, all other BTC program elements were constant across these cohorts making it more likely to attribute the changes to implementation of IP.

Figure 1: Recidivism Outcomes for Basic Training Camp Cohorts



INSTITUTIONAL PROGRAMMING

Implementing a comprehensive residential-based program for intensive parole youth in confinement continues to be a major area of focus. Since intensive parole is a program directed across the JRA system, it has not been feasible to concentrate eligible youth at one institution or even in specific units within facilities.

The JRA Integrated Treatment Model (ITM) began this year in residential programs. A Cognitive Behavior Therapy (CBT) treatment model employing key elements of evidence-based interventions, e.g., Dialectical Behavior Therapy (DBT), Aggression Replacement Training (ART), and behavior chain analysis, integrates what is considered to be the most effective individual skill/treatment-based interventions.

The Co-Occurring Disorder Program continues targeting mentally ill and substance abusing youth, including a high proportion of intensive parole eligible youth, and employs Family Intervention Therapy (FIT), a Multi-Systemic Therapy (MST) like approach of intensive family therapy. MST is considered one of the most effective interventions at reducing recidivism with juvenile offenders. FIT includes a process of introducing community-based family treatment services while the youth is still confined as a major intervention component. The Co-Occurring Disorder Project is currently being evaluated by WSIPP.

TRANSITIONAL PROGRAMMING

Fidelity to the IAP model requires that transitional planning and practice begins at admission, intensifies shortly before release, and continues for a period after release. Transitional programming should be configured as the most intensive element of the residential/community intensive parole experience.

Due to program budget reductions, JRA was forced to cut the three Intensive Parole Transition Counselors. These staff operated as transitional specialists performing a wide variety of key transition tasks. They functioned as liaisons between institutional and community staff, facilitators/coordinators of Multi-Disciplinary Team transition meetings, developed and taught pre-release parole readiness classes to youth, and coordinated ART groups and programs in institutions. Without these positions, it may be difficult to maintain the same level of quality transition planning and programming for high-risk youth.

COMMUNITY PROGRAMMING

During the past year, JRA has restructured parole aftercare to expand the delivery of evidence-based services to youth and to more effectively engage families in positive transition of youth back into their home communities. This new approach is referred to as Functional Family Parole Services (FFPS). FFPS is based on Functional Family Therapy, a federal Office of Juvenile Justice and Delinquency Prevention blueprints program. The FFPS model represents a radical shift in how aftercare parole services are delivered in Washington State—from an essentially offender focused approach to one where the focus is the family in which the success level of a youth's transition will be shaped.

The FFPS model of parole supports and integrates well with IAP. IAP is a model that requires the family to be the unit of intervention. FFPS training has provided aftercare case managers with the skills to facilitate this. All JRA parole aftercare staff have completed FFPS training. Below are the phase descriptions for IP since the incorporation of FFPS:

- **Engagement and Motivation Phase**

During the Engagement and Motivation phase, the community counselor meets with the family regularly to assist the family and youth in meeting the key indicators of family readiness to move to the Support and Monitor Phase:

- The family participates in meetings
- A balanced alliance is developed
- There is a decrease in hopelessness and blaming
- The community counselor has established trust and credibility
- The community counselor understands the relational functions
- The community counselor is confident in reframes and themes
- The problems are defined relationally
- Each family member sees a role in solving the problem
- The family is willing to talk and listen
- The family completes small homework assignments as needed

- **Support and Monitor Phase**

During the Support and Monitor Phase, the community counselor meets with the family and youth to encourage and support the family's participation in services and in meeting the key indicators of readiness to move to the Generalization and Positive Termination phase:

- The youth has made a reasonable effort to integrate the CBT skills learned in the institution
- The family has made constructive connections with community resources
- The family continues to practice skills that reduce negativity and increase hopefulness
- The Juvenile Rehabilitation Community Counselor (JRCC) is confident about the reframes and themes used with the family

Or

- The youth is entering the final month of parole supervision

- **Generalization and Positive Termination Phase**

During this final stage, the JRCC meets with the family more frequently to review the positive changes that have occurred during FFP to attribute positive changes to the family and youth and to encourage the family to continue positive behavior changes after FFP is terminated. The key indicators of successful completion of FFP are:

- The youth and family have a more functional relational style
- The youth and family have made appropriate and meaningful connections with community resources
- The youth and family are motivated to maintain gains past the parole period

JRA continues to support and implement evidence-based programs consistent with IAP practice (ART, FFT, and MST). Additionally, JRA has expanded evidence-based aftercare services to include mentorship programming in four of the department's six regions.

Other changes to IP in the community were driven by reductions in funding. These changes included:

- Reduced number of contacts between parole counselor and youth
- Caseloads for highest risk IP eligible youth increased from 12:1 to 20:1
- Loss of restorative justice work crews and day reporting programs
- Greatly reduced ability to do field surveillance/monitoring due to loss of tracker positions
- Electronic monitoring no longer mandatory during the first two weeks of re-entry

CONCLUSION/RECOMMENDATIONS

At this time, JRA is implementing a less funded version of IP while still under the statutory requirements of the previous version. This is difficult and strains the ability of JRA and other providers/communities to effectively reintegrate youth.

The implementation of FFPS is the most positive development in the past year, bringing a true family focused evidence-based treatment and case management approach to the practice of intensive parole.

Of concern is that FFPS could be compromised when delivered to the highest risk/highest need youth and families in the context of higher caseloads than recommended by national experts. Progenitors of the IAP model, Dr. Troy Armstrong and Dr. David Altschuler, recommend that intensive supervision caseload sizes be for the 10 to 12 highest risk youth on the street per caseload range.

The most urgent recommendation is to evaluate the later IP cohorts that received evidence-based services in the context of a more fully implemented intensive parole model to generate a more realistic test of the IAP model as applied to the JRA high-risk population.